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INSENSIBILITY DURING SURGICAL OPERATIONS PRODUCED BY
INHALATION.

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[Communicated for the Boston Medical and Surgical Journal.]

It has long been an important problem in medical science to devise some method of mitigating the pain of surgical operations. An efficient agent for this purpose has at length been discovered. A patient has been rendered completely insensible during an amputation of the thigh, regaining consciousness after a short interval. Other severe operations have been performed without the knowledge of the patients. So remarkable an occurrence will, it is believed, render the following details relating to the history and character of the process, not uninteresting.

On the 16th of Oct., 1846, an operation was performed at the hospital, upon a patient who had inhaled a preparation administered by Dr. Morton, a dentist of this city, with the alleged intention of producing insensibility to pain. Dr. Morton was understood to have extracted teeth under similar circumstances, without the knowledge of the patient. The present operation was performed by Dr. Warren, and though comparatively slight, involved an incision near the lower jaw of some inches in extent. During the operation the patient muttered, as in a semi-conscious state, and afterwards stated that the pain was considerable, though mitigated; in his own words, as though the skin had been scratched with a hoe. There was, probably, in this instance, some defect in the process of inhalation, for on the following day the vapor was administered to another patient with complete success. A fatty tumor of considerable size was removed, by Dr. Hayward, from the arm of a woman near the deltoid muscle. The operation lasted four or five minutes, during which time the patient betrayed occasional marks of uneasiness; but upon subsequently regaining her consciousness, professed not only to have felt no pain, but to have been insensible to surrounding objects, to have known nothing of the operation, being only uneasy about a child left at home. No doubt, I think, existed, in the minds of those who saw this operation, that the unconsciousness was real; nor could the imagination be accused of any share in the production of these remarkable phenomena.

I subsequently undertook a number of experiments, with the view of ascertaining the nature of this new agent, and shall briefly state them,

and also give some notice of the previous knowledge which existed of the use of the substances I employed.

The first experiment was with sulphuric ether, the odor of which was readily recognized in the preparation employed by Dr. Morton. Ether inhaled in vapor is well known to produce symptoms similar to those produced by the nitrous oxide. In my own former experience the exhilaration has been quite as great, though perhaps less pleasurable, than that of this gas, or of the Egyptian *haschish*.^{*} It seemed probable that the ether might be so long inhaled as to produce excessive inebriation and insensibility; but in several experiments the exhilaration was so considerable that the subject became uncontrollable, and refused to inspire through the apparatus. Experiments were next made with the oil of wine (ethereal oil). This is well known to be an ingredient in the preparation known as Hoffman's anodyne, which also contains alcohol, and this was accordingly employed. Its effects upon the three or four subjects who tried it, were singularly opposite to those of the ether alone. The patient was tranquillized, and generally lost all inclination to speak or move. Sensation was partially paralyzed, though it was remarkable that consciousness was always clear, the patient desiring to be pricked or pinched, with a view to ascertain how far sensibility was lost. A much larger proportion of oil of wine, and also chloric ether, with and without alcohol, were tried, with no better effect.

It may be interesting to know how far medical inhalation has been previously employed. Medicated inhalation has been often directed to the amelioration of various pulmonary affections, with indifferent success. Instruments called *Inhalers* were employed long ago by Mudge, Gairdner and Darwin, and the apparatus fitted up by Dr. Beddoes and Mr. James Watt, for respiring various gases, has given birth to some octavo volumes. More recently Sir Charles Scudamore has advocated the inhalation of iodine and conium in phthisis, and the vapor of tar has been often inhaled in the same disease. The effects of stramonium, thus administered, have been noticed by Sigmond.

The inhalation of the ethers has been recommended in various maladies, among which may be mentioned phthisis and asthma. "On sait que la respiration de l'ether sulfurique calme souvent les accidents nerveux de certains croups," is from the Dict. des Sc. Med.; but I find that mention of the inhalation of this agent is usually coupled with a caution against its abuse, grounded apparently upon two or three cases, quoted and requoted. Of these the first is from Brande's Journal of Science, where it is thus reported: "By imprudent respiration of sulphuric ether, a gentleman was thrown into a very lethargic state which continued from one to three hours, with occasional intermissions and great depression of spirits—the pulse being for many days so low that considerable fears were entertained for his life." Christison quotes the following from the Midland Med. and Surg. Journal, to prove that *nitric* ether in vapor is a dangerous poison when too freely and too long inhaled: "A druggist's maid servant was

^{*} Extract of Indian hemp.

found one morning dead in bed, and death had evidently arisen from the air of her apartment having been accidentally loaded with vapor of nitric ether, from the breaking of a three gallon jar of the Spiritus Æth. Nitric. She was found lying on her side, with her arms folded across her chest, the countenance and posture composed, and the whole appearance like a person in a deep sleep. The stomach was red internally, and the lungs were gorged." The editor of the journal where this case is related, says he is acquainted with a similar instance, where a young man was found completely insensible from breathing air loaded with *sulphuric ether*, remained apoplectic for some hours, and would undoubtedly have perished had he not been discovered and removed in time. Ether is now very commonly administered *internally* as a diffusible stimulant and antispasmodic, in a dose of one or two drachms. But here also we have the evidence of a few experiments that ether is capable of producing grave results under certain circumstances. Orfila killed a dog by confining a small quantity in the stomach by means of a ligature around the œsophagus. Jager found that $\frac{3}{4}$ ss. acted as a fatal poison to a crane. It was for a long time supposed to be injurious to the animal economy. The old Edinburgh Dispensatory, republished here in 1816, explicitly states that it is to be inhaled by holding in the mouth a piece of sugar, containing a few drops, and also that regular practitioners give only a few drops for a dose; "though," it adds, "empirics have sometimes ventured upon much larger quantities, and with incredible benefit." p. 566. Nevertheless, it was known to have been taken in correspondingly large doses with impunity. The chemist Bucquet, who died of scirrhus of the colon, with inflammation of the stomach and intestines, took before his death a pint of ether daily, to alleviate his excruciating pains (he also took 100 gr. opium daily);—and Christison mentions an old gentleman who consumed for many years $\frac{3}{4}$ xvi. every eight or ten days. Such facts probably led Merat and De Lens, in their *Matiere Medicale*, to question its grave effects when swallowed. Mentioning the case of Bucquet, they say, even of its inhalation, that it produces only "un sentiment de fraicheur que suit bientôt une legere excitation."

This variety of evidence tends to show that the knowledge of its effects, especially those of its inhalation, was of uncertain character. Anthony Todd Thomson well sums up what I conceive to have been the state of knowledge at the time upon this subject, in his *London Dispensatory* of 1818. "As an antispasmodic, it relieves the paroxysm of spasmodic asthma, whether it be taken into the stomach, or its vapor only be inhaled into the lungs. Much caution, however, is required in inhaling the vapor of ether, as the imprudent inspiration of it has produced lethargic and apoplectic symptoms." In his *Materia Medica and Therapeutics*, of 1832, however, omitting all mention of inhalation, he uses the following words: "Like other diffusible excitants, its effects are rapidly propagated over the system, and soon dissipated. From its volatile nature its exciting influence is probably augmented; as it produces distension of the stomach and bowels, and is thus applied to every portion of their sensitive surface. It is also probable that it is absorbed in its state of vapor, and is therefore

directly applied to the nervous centres. It is the diffusible nature of the stimulus of ether which renders it so well adapted for causing sudden excitement, and producing immediate results. Its effects, however, so soon disappear, that the dose requires to be frequently repeated."

Nothing is here said of inhalation, and we may fairly infer that the process had so fallen into disrepute, or was deemed to be attended with such danger, as to render a notice of it superfluous in a work treating, in 1832, of therapeutics.

It remains briefly to describe the process of inhalation by the new method, and to state some of its effects. A small two-necked glass globe contains the prepared vapor, together with sponges to enlarge the evaporating surface. One aperture admits the air to the interior of the globe, whence, charged with vapor, it is drawn through the second into the lungs. The inspired air thus passes through the bottle, but the expiration is diverted by a valve in the mouth piece, and escaping into the apartment is thus prevented from vitiating the medicated vapor. A few of the operations in dentistry, in which the preparation has as yet been chiefly applied, have come under my observation. The remarks of the patients will convey an idea of their sensations.

A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during which time the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a "first rate dream—very quiet," he said, "and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;" and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration. The pupils were dilated during the state of unconsciousness, and the pulse rose from 130 to 142.

A girl of 16 immediately occupied the chair. After coughing a little, she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned, raising her hand to her mouth, but said she had been dreaming a pleasant dream and knew nothing of the operation.

A stout boy of 12, at the first inspiration coughed considerably, and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared "it was the best fun he ever saw," avowed his intention to come there again, and insisted upon having another tooth extracted upon the spot. A splinter

which had been left, afforded an opportunity of complying with his wish, but the pain proved to be considerable. Pulse at first 110, during sleep 96, afterwards 144; pupils dilated.

The next patient was a healthy-looking, middle-aged woman, who inhaled the vapor for four minutes; in the course of the next two minutes a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that "it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month." These cases, which occurred successively in about an hour, at the room of Dr. Morton, are fair examples of the average results produced by the inhalation of the vapor, and will convey an idea of the feelings and expressions of many of the patients subjected to the process. Dr. Morton states that in upwards of two hundred patients, similar effects have been produced. The inhalation, after the first irritation has subsided, is easy, and produces a complete unconsciousness at the expiration of a period varying from two to five or six, sometimes eight minutes; its duration varying from two to five minutes; during which the patient is completely insensible to the ordinary tests of pain. The pupils in the cases I have observed have been generally dilated; but with allowance for excitement and other disturbing influences, the pulse is not affected, at least in frequency; the patient remains in a calm and tranquil slumber, and wakes with a pleasurable feeling. The manifestation of consciousness or resistance I at first attributed to the reflex function, but I have since had cause to modify this view.

It is natural to inquire whether no accidents have attended the employment of a method so wide in its application, and so striking in its results. I have been unable to learn that any serious consequences have ensued. One or two robust patients have failed to be affected. I may mention as an early and unsuccessful case, its administration in an operation performed by Dr. Hayward, where an elderly woman was made to inhale the vapor for at least half an hour without effect. Though I was unable at the time to detect any imperfection in the process, I am inclined to believe that such existed. One woman became much excited, and required to be confined to the chair. As this occurred to the same patient twice, and in no other case as far as I have been able to learn, it was evidently owing to a peculiar susceptibility. Very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children. Finally, in a few cases, the patient has continued to sleep tranquilly for eight or ten minutes, and once, after a protracted inhalation, for the period of an hour.

The following case, which occurred a few days since, will illustrate the probable character of future accidents. A young man was made to inhale the vapor, while an operation of limited extent, but somewhat protracted duration, was performed by Dr. Dix upon the tissues near the eye. After a good deal of coughing the patient succeeded in inhaling the vapor, and fell asleep at the end of about ten minutes. During the succeeding two minutes the first incision was made, and the patient awoke, but uncon-

scious of pain. Desiring to be again inebriated, the tube was placed in his mouth and retained there about twenty-five minutes, the patient being apparently half affected, but, as he subsequently stated, unconscious. Respiration was performed partly through the tube and partly with the mouth open. Thirty-five minutes had now elapsed, when I found the pulse suddenly diminishing in force, so much so, that I suggested the propriety of desisting. The pulse continued decreasing in force, and from 120 had fallen to 96. The respiration was very slow, the hands cold, and the patient insensible. Attention was now of course directed to the return of respiration and circulation. Cold affusions, as directed for poisoning with alcohol, were applied to the head, the ears were syringed, and ammonia presented to the nostrils and administered internally. For fifteen minutes the symptoms remained stationary, when it was proposed to use active exercise, as in a case of narcotism from opium. Being lifted to his feet, the patient soon made an effort to move his limbs, and the pulse became more full, but again decreased in the sitting posture, and it was only after being compelled to walk during half an hour that the patient was able to lift his head. Complete consciousness returned only at the expiration of an hour. In this case the blood was flowing from the head, and rendered additional loss of blood unnecessary. Indeed the probable hemorrhage was previously relied on as salutary in its tendency.

Two recent cases serve to confirm, and one I think to decide, the great utility of this process. On Saturday, the 7th Nov., at the Mass. General Hospital, the right leg of a young girl was amputated above the knee, by Dr. Hayward, for disease of this joint. Being made to inhale the preparation, after protesting her inability to do so from the pungency of the vapor, she became insensible in about five minutes. The last circumstance she was able to recall was the adjustment of the mouth piece of the apparatus, after which she was unconscious until she heard some remark at the time of securing the vessels—one of the last steps of the operation. Of the incision she knew nothing, and was unable to say, upon my asking her, whether or not the limb had been removed. She refused to answer several questions during the operation, and was evidently completely insensible to pain or other external influences. This operation was followed by another, consisting of the removal of a part of the lower jaw, by Dr. Warren. The patient was insensible to the pain of the first incision, though she recovered her consciousness in the course of a few minutes.

The character of the lethargic state, which follows this inhalation, is peculiar. The patient loses his individuality and awakes after a certain period, either entirely unconscious of what has taken place, or retaining only a faint recollection of it. Severe pain is sometimes remembered as being of a dull character; sometimes the operation is supposed by the patient to be performed upon somebody else. Certain patients, whose teeth have been extracted, remember the application of the extracting instruments; yet none have been conscious of any real pain.

As before remarked, the phenomena of the lethargic state are not such as to lead the observer to infer this insensibility. Almost all patients under the dentist's hands scowl or frown; some raise the hand. The

patient whose leg was amputated, uttered a cry when the sciatic nerve was divided. Many patients open the mouth, or raise themselves in the chair, upon being directed to do so. Others manifest the activity of certain intellectual faculties. An Irishman objected to the pain, that he had been promised an exemption from it. A young man taking his seat in the chair and inhaling a short time, rejected the globe, and taking from his pockets a pencil and card wrote and added figures. Dr. M. supposing him to be affected, asked if he would now submit to the operation, to which the young man willingly assented. A tooth was accordingly extracted, and the patient soon after recovered his senses. In none of these cases had the patients any knowledge of what had been done during their sleep.

I am, as yet, unable to generalize certain other symptoms to which I have directed attention.* The pulse has been, as far as my observation extends, unaltered in frequency, though somewhat diminished in volume, but the excitement preceding an operation, has, in almost every instance, so accelerated the pulse that it has continued rapid for a length of time. The pupils are in a majority of cases dilated; yet they are in certain cases unaltered, as in the above case of amputation.

The duration of the insensibility is another important element in the process. When the apparatus is withdrawn at the moment of unconsciousness, it continues, upon the average, two or three minutes, and the patient then recovers completely or incompletely, without subsequent ill effects. In this sudden cessation of the symptoms, this vapor in the air tubes differs in its effects from the narcotics or stimulants in the stomach, and, as far as the evidence of a few experiments of Dr. Morton goes, from the ethereal solution of opium when breathed. Lassitude, headache and other symptoms lasted for several hours, when this agent was employed.

But if the respiration of the vapor be prolonged much beyond the first period, the symptoms are more permanent in their character. In one of the first cases, that of a young boy, the inhalation was continued during the greater part of ten minutes, and the subsequent narcotism and drowsiness lasted more than an hour. In a case alluded to before, the narcotism was complete during more than twenty minutes, the insensibility approached to coma.

Such cases resemble those before quoted from Christison and other authors, and show that the cessation of the inhalation, after it has been prolonged for a length of time, does not produce a corresponding cessation of the symptoms; while, if the inhalation is brief, the insensibility ceases in a short time. Recovery, in the latter case, is not improbably due to the complete and rapid elimination of the vapor from the lungs; the more gradual return of consciousness, in the former case, to the presence of a larger quantity of unexhaled particles. A fact mentioned by Christison bears upon this point. This author states that insensibility from the presence of a large quantity of alcohol in the stomach,

* Since the above was written, I find this irregularity of symptoms mentioned in the case of poisoning by alcohol. Dr. Ogston, according to Christison, has in vain attempted to group together and to classify the states of respiration, pulse, and pupil.

often gives place to a complete and sudden return of consciousness, when the alcohol is removed by the stomach pump. It is probable that the vapor of the new preparation ceases early to act upon the system, from the facility with which it is exhaled.

The process is obviously adapted to operations which are brief in their duration, whatever be their severity. Of these, the two most striking are, perhaps, amputations and the extraction of teeth. In protracted dissections, the pain of the first incision alone is of sufficient importance to induce its use; and it may hereafter prove safe to administer it for a length of time, and to produce a narcotism of an hour's duration. It is not unlikely to be applicable in cases requiring a suspension of muscular action; such as the reduction of dislocations or of strangulated hernia: and finally it may be employed in the alleviation of functional pain, of muscular spasm, as in cramp and colic, and as a sedative or narcotic.

The application of the process to the performance of surgical operations, is, it will be conceded, new. If it can be shown to have been occasionally resorted to before, it was only an ignorance of its universal application and immense practical utility that prevented such isolated facts from being generalized.

It is natural to inquire with whom this invention originated. Without entering into details, I learn that the patent bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist, of this city, as inventors—and has been issued to the latter gentleman as proprietor.

It has been considered desirable by the interested parties that the character of the agent employed by them, should not be at this time announced; but it may be stated that it has been made known to those gentlemen who have had occasion to avail themselves of it.

I will add, in conclusion, a few remarks upon the actual position of this invention as regards the public.

No one will deny that he who benefits the world should receive from it an equivalent. The only question is, of what nature shall the equivalent be? Shall it be voluntarily ceded by the world, or levied upon it? For various reasons, discoveries in high science have been usually rewarded indirectly by fame, honor, position, and occasionally, in other countries, by funds appropriated for the purpose. Discoveries in medical science, whose domain approaches so nearly that of philanthropy, have been generally ranked with them; and many will assent with reluctance to the propriety of restricting by letters patent the use of an agent capable of mitigating human suffering. There are various reasons, however, which apologize for the arrangement which I understand to have been made with regard to the application of the new agent.

1st. It is capable of abuse, and can readily be applied to nefarious ends.

2nd. Its action is not yet thoroughly understood, and its use should be restricted to responsible persons.

3d. One of its greatest fields is the mechanical art of dentistry, many of whose processes are by convention, secret, or protected by patent

rights. It is especially with reference to this art, that the patent has been secured. We understand, already, that the proprietor has ceded its use to the Mass. General Hospital, and that his intentions are extremely liberal with regard to the medical profession generally, and that so soon as necessary arrangements can be made for publicity of the process, great facilities will be offered to those who are disposed to avail themselves of what now promises to be one of the important discoveries of the age.

THE FEVERS OF THE CHAMPLAIN VALLEY.

An Essay read before the Vermont Medical Society, at their Annual Meeting, Montpelier, October 14th, 1846.

By Charles Hall, M.D., Burlington, Vt.

[Voted, by the Society, that the Editor of the Boston Medical and Surgical Journal be requested to publish the same.]

It being generally admitted that the fevers in the vicinity of marshy lowlands and stagnant waters, differ from those contiguous to bold shores and rapid currents—that both grades differ from the fevers of hilly regions and mountain ridges, and that the surrounding influences of each of these localities tend to vary the character of the disorder, the fevers of each are subjects of special inquiry and investigation. I have therefore selected, for my present theme, *The Fevers of the Champlain Valley*—fevers of my own vicinity.

“That marshy lands, in which an extensive surface of wet soil is exposed to the action of the sun, are notoriously unhealthy,” is evinced only by their fevers possessing more largely the peculiar characteristics of situation, than those of other localities. I will therefore inquire into the unseen agency that engenders these peculiar traits of character—a subject exceedingly difficult of solution, and consequently one of much speculation.

It is contended, on the one hand, that the continued moisture suspended in the atmosphere over swamps and marshes, hedged in as they generally are with a dense growth of underwood, consequently not being influenced much by the action of the winds, predisposes to intermittent and remittent fevers; partly by its occupying the space of a portion of the air of respiration, in place thereof bathing the air cells of the lungs with an unnatural share of humidity, thereby precluding oxygen gas in like proportion—and partly by its contiguity to the skin, intercepting insensible perspiration and the due radiation of animal heat from this organ. This is inferred from the fact that the kind and degree of fevers have abated in proportion as the forests have been removed, giving freer scope to the currents of the atmosphere. On the other hand, it is urged that though the “dew point” be swept away by the ingress of the winds, the peculiarities of the fever have nevertheless continued. Hence it is inferred that some kind of impalpable poison, emanating from the earth by the action of the sun, termed *malaria* or *miasmata*, is the predisposing cause of such peculiarities.

I will not attempt to discuss this difficult question, nor presume to define precisely the nature of the miasmatic influence, inasmuch as able pens have failed. It is sufficient for my purpose that the effect is produced, and that fever is the result. I arrive at my conclusions, therefore, in the present inquiry, not strictly from cause to effect; but inversely, by deducing causes from their effects—judging of the etiology of fever by its outward development, of its phenomena by its diagnosis.

It being a provision of the animal economy, that in almost all the aberrations from the healthy standard, there is a certain state of disordered action, in the effort to restore the equilibrium of circulation, which is styled fever—my present object will be to deduce the cause of such disordered action, from the simple fact of its being present. This originating, as it does, from a variety of surrounding influences, meets with a variety of generic phrases corresponding with these influences. These terms seem to have reference not only to the supposed exciting causes, but to the tissues on which it is supposed they primarily act. But notwithstanding the surrounding circumstances modifying the character and location of the disease, there are certain characteristics that attend fever in all its phases. In its onset there are chills, pains in the spine and extremities, and depression of the system generally, as premonitory of its approach. These premonitory symptoms, whether they originate in the respiratory organs, the organs of assimilation, the capillary vessels, or nervous system, are somewhat the same, and if there be inherent forces sufficient, must necessarily result in *re-action*, another word for *fever*.

These prefatory remarks lead to the main question—What are the peculiarities belonging to the *Fevers of the Champlain Valley*? The answer premises a historical sketch of these *fevers*, for a series of years, as contrasted with those of other regions.

In the years 1810 and 1811, this section of the country was rife with fevers—most of which were denominated typhus, though attended with great vascular action, unlike typhus as I had known it a year or two before in the Connecticut river valley; yet it had many symptoms in common, run about as long (from two to six weeks), was ushered in with apparent nervous exhaustion, and was accompanied by more or less coma and delirium. Contrasted with these typhoid indications, were the hard and accelerated pulse, and other manifestations of congestion and inflammation. The *petechial fever* prevailing on the eastern side of the mountains and in the other New England States, and to some extent here, the character of the present fever was considered more or less allied with that *affection*. Still, judging by its comparative prevalence elsewhere, the *spotted fever* could hardly be viewed as congenial with this *valley*, there being nothing of it on the New York borders. Since that period, I have seen but little of the spotted or typhus fevers among us.

In the winter of 1812–13, the devastating *epidemic, typhoid pneumonia*, made its first appearance. This fatal fever seemed to take its rise in the United States army stationed in the Champlain valley; thence spreading among the inhabitants in the vicinity, and eventually carried by the sick and predisposed soldiers, returning to their homes, to the more distant

parts of the country. At this period the writer of this article was stationed at Swanton Falls, and for a time had charge of the army hospital situated there. This affection, having been preceded by what were called the typhus and spotted fevers, was by some considered a kind of complication of these disorders, although in most cases the leading feature in the complaint was decided pleuritic inflammation; and the treatment was, at first, such as had been successfully administered in the pecthial fever. Tonics, opiates and steam-vapor baths were unhesitatingly resorted to. The latter agency seldom failed of affording immediate relief; but this was transitory; and the remedy was so exhausting in its effects, that in the event of the pain in the side and dyspnoea returning, which generally happened, depleting remedies after this could not be borne, and the disease almost invariably run its fatal course, despite all therapeutic agencies. Although there were instances where no marked symptoms of acute inflammation were manifested, either by the diagnosis or *post-mortem* examination, yet far the greater number gave signs of unequivocal inflammation of the lungs and their appendages; and these were confirmed by the autopsies. Still many worthy practitioners adhered to their original ideas regarding typhus and spotted fevers, and vain would have it that the affection partook of the typhus character—whence the term *typhoid* came into use. Without wishing to detract aught from the opinions of others, the writer hesitates not to declare, that in all the cases which he witnessed, there were either the diagnostic evidences of acute inflammation of the lungs and their connecting membranes, or engorgement of the pulmonary organs. The autopsies exhibited either destruction of tissue by ulceration, embracing one or both lungs, pleura, mediastinum, and sometimes the pericardium—or the pulmonary vessels were found completely congested with blood and lymph, and the air vesicles infiltrated with the same.

This destructive course admitted not of delay—its progress was sure and rapid, frequently terminating in a few hours, unless speedily arrested; bloodletting, epispastics, tart. ant., calomel and moderate diaphoretics, constituting the only effective remedial means.

This *fever*, not unlike other sudden and alarming complaints, after three or four months assumed a more favorable aspect; the therapeutics most available at first, appearing now to have the entire mastery of the disorder, when seasonably administered.

In the treatment of this fever, there was not less diversity of opinion, than in its diagnosis. The qualifying epithet, *typhoid*, being appended to a disease of an inflammatory type, was liable to produce indecision, if not to lead to wrong practice. It being vague in its application to a *fever* presupposed of mixed character, partly typhus and partly remittent, whose leading feature denoted congestion, if not inflammation, suggested a corresponding adaptation of remedial means, answering neither to the indications of the one or the other species of fever. There is no species of fever that does not, at times, exhibit the *typhoid symptoms* alluded to; even that arising from the highest grade of inflammation may, during its remission, present this appearance. The term seems to be illy

adapted to any kind of fever, unless it be typhus itself. To use the words of Dr. McCulloch, "it confounds language and distracts the judgment." If it be indeed assimilated to typhus, as the name implies, a corresponding treatment is indicated; but if the effects of this treatment contra-indicate the remedies made use of, the presumption is strong that the fever has been wrongly named. The writer has seen the practical error of thus prescribing for a name, in the bias given to the judgment by popular phraseology. In popular estimation a single symptom favoring typhus may give to the disorder this leading characteristic, when, in truth, it is but an incidental circumstance—the true type of the fever being diametrically opposite. To illustrate—we are called to a patient of plethoric habit and sanguine temperament. At first view there is apparently nervous exhaustion, there being oppression of the stomach, short and labored breathing, lowness of pulse, preternatural heat over the epigastrium, while the feet and hands incline to be cold, the head is somewhat painful and lethargic, and a painful prostration seems to pervade the whole system. Although, in the sequel, this turns out to be general congestion, ushering in the inflammatory diathesis, yet from the depression, chills, and transient pains, which attend the commencement of all fevers, it would be an easy matter for popular influence to impress the mind of the physician in favor of typhus, provided the disease is reputed as existing in the vicinity. Contra-indications being present, the fever is finally modified in its appellation, by the qualifying term *typhoid*; and the treatment prescribed accordingly. A brief course, however, in the entonic management, reveals to the practitioner the error of diagnosis. The oppressed state of the vital organs soon becoming converted into painful re-action, the respiration is more impeded, the abdomen becoming tympanitic, the region of the liver tender and swollen, and nature, ever provident in great emergencies, frequently brings relief by spontaneous hemorrhage from the nose, lungs or bowels, manifesting not only the surcharge of blood in the vessels, but indicating the principal remedy. But if this does not effectually relieve the parts implicated, the vital organs being still oppressed, respiration soon becomes more imperfect, the abdomen more enlarged; the blood sent to the head, not being suitably oxydized, is rendered more venous, consequently coma and delirium ensue.

The above delineation of symptoms has characterized the fevers of the Champlain valley, with few exceptions, from the time of the last war to the present moment, and the generic phrase, typhoid, is still applied. Does such a state of the bloodvessels denote anæmia and nervous exhaustion? Does it not rather indicate hyperæmia, and a "*supertonic*" state of the capillary vessels? If so, can it strictly be allied with typhus? It is allowed that such a state may follow the result of nervous exhaustion; but that depression arising from oppression of the vital organs is not the same as that resulting from idiopathic nervous exhaustion. In respect to the term *typhoid*, the writer feels himself sustained by the testimony of Dr. Samuel Jackson, of Philadelphia, in an article published in the "*American Journal of the Med. Sciences*," for 1845. He considers

typhus and typhoid one and the same affection ; and from the circumstance of remittent and typhus springing from different sources, they cannot be allied with each other. "That remittent fever is sometimes attended with typhoid symptoms, taking the adjective in its etymological sense, there can be no doubt ;" but its miasmatic source and alliance with intermittent fever preclude the assumption of its typhous nature. He esteems the mere use of the term "as a dangerous error," and "perilous in practice."

Remittent fever, then, being allied with intermittent, a native of lowlands and standing waters, and being a modified form of that affection, its prototype having mainly subsided, it may be safely concluded that this, at present, is the prevailing fever of the Champlain valley, modified by circumstances ; and that typhus, in its real character, having seldom been known on these shores as in other regions, has no abiding place here. Remittent fever occurs mostly in warm weather, whereas typhus is more known in the cold season ; the former arising from miasmatic influence, the latter from the effluvia of the sick or clothes impregnated with their foul perspiration. Typhus, moreover, is more confined to the meridian of life, seldom attacking old people or young children ; whilst remittent fever has no respect to age, attacking all ages alike.

The lake towns, not unlike other localities, are under the same exciting influence from change of temperature and vicissitudes of season, as higher regions—and perhaps greater, by reason of the greater predisposition from miasmatic causes, the system not being as well guarded against these encroachments as in a more salubrious atmosphere. Be this as it may, the fevers in this section, compared with those elsewhere, have been uncommonly congestive and inflammatory. So far as the writer's observations for the last thirty-six years can be relied upon, this appears to be sustained by facts. And it is undoubtedly true, that a greater share of pulmonary disorders, hepatic obstructions and hydropic effusions, has fallen to these shores than to the valley of the Connecticut or to the mountain ridges.

Having given this brief account of the fevers, and their consecutive results, incident to the Champlain valley, the next effort will be to illustrate the predisposing agency, as well as the pathology, attending these fevers.

It being already alleged that these affections have special reference to derangement of the lungs and liver—organs on the purity of whose functions all organism seems to depend, my attempt will be to show that such condition is the result of imperfect sanguification. This process being defective, the arterialization of the blood is of course defective, and consequently all the functions of secretion are more or less imperfect, giving rise to organic obstructions and dropsical effusions. It is well known that goitre, rheumatism, and tubercular depositions, are somewhat peculiar to sunken lands and fenny districts ; and the greater prevalence of these secondary complaints in the Champlain valley, tends to confirm this truth. The sickly aspect of many of our inhabitants, the glandular enlargements of the neck, the oppression of the vital organs, costive habit,

neuralgic pains, disturbed state of the hypochondriac and pulmonary regions (especially of our females), suppressed urination and perhaps menstruation, are so many outward evidences that the primary offices of life are impaired. These manifestations indicate not only a depraved state of the mucous membranes, an interrupted state of the portal system, enlargement and tuberculated condition of the liver and other glands, but are mainly diagnostic of an impeded respiratory function. Our autopsies seem to corroborate these premises. There is sometimes found nearly the whole parenchyma of the lungs rigidly interspersed with tubercles, or hepatized and rendered impervious to air—the pericardium, and perhaps one or both cavities of the chest, containing serous effusion. The liver, twice or three times its natural size and weight, in a granulated state, or containing a solid category of tubercles, and imbedded in serum. The stomach, spleen, pancreas, mesenteric glands, kidneys and sexual organs, each in their turn, it would seem, morbidly enlarged and ulcerated, having been sources of protracted disease and painful suffering, until at length vitality itself became extinct.

[To be continued.]

THE PAST AND THE PRESENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE past and the present are exhibited in contrast in no department so strikingly, as in the character and claims of physicians. The time is not very remote when it was regarded by the profession and the public an indispensable prerequisite to any rank as reputable practitioners, that every medical man should prove himself to be both a scholar and a gentleman. In those days, scholarship was demanded, because the absence of thorough education, both literary and professional, was viewed as a positive disqualification for the high and responsible duties of physicians; and gentility and good breeding, including a nice sense of honor and morality, constituting the well-bred gentleman, were looked upon as necessary to entitle any man to the delicate and confidential relations to the family circle, to which medical men are called in the performance of their varied functions.

The result of this just estimate and worthy appreciation of our profession, by the judicious and discerning, was very naturally the production of a race and grade of physicians who commanded the public confidence by deserving it. Courteous and respectful to each other, animated by an *esprit de corps* which prompted to mutual efforts for improving each other in the discrimination of disease and the application of remedies, there were among these honorable equals no exclusive pretensions to invidious monopolies of specialties—no pretence of specifics or secret remedies by any of this class of physicians. They were alike members and cultivators of a *liberal* profession, and whatever new light shone on the path of either was shared by his compeers; whatever improvement dawned upon one, was forthwith subjected to the scrutiny of

all, and promulgated for the public benefit and the advancement of science. Then, among such a fraternity, the forfeiture of caste, and even of recognition, was the penalty of sacrificing principle to avaricious motives, by any of the tricks, artifices, or chicanery, which the fraternity and the public had been taught to loathe as characteristic of quackery.

But let it not be supposed that in these palmy days of the profession there were no quacks, arrogating the title of doctors, and aspiring to the office of physicians. Then, as now, they maintained a numerical superiority; and the variety of their theories, when they had any, and the contrariety of their systems, as they severally designated their modes of practice, have not since been exceeded. But they were alike characterized and united by the common bond of ignorance, and, as now, were employed in treating diseases of which they knew nothing, by remedies of which they knew less. Proscribed by the reputable and scientific class of physicians, and shunned by reason of the "attraction of repulsion," always subsisting between knowledge and ignorance, the race of quacks could only devour each other in the conflicts engendered among themselves, by striving to emerge from the obscurity and contempt into which the professional men of those days consigned them, simply by dignified silence and almighty neglect. Strongly entrenched in the fortifications of professional and scholastic acquirements, they laughed to scorn the puny efforts of ignorance to supplant knowledge, regarding them as impotent as were those of the magicians of Pharaoh to imitate the miracles of Moses. Their learning was, in such a strife, like Aaron's rod, which swallowed up all the other rods, for in our profession, as elsewhere, knowledge is power, and in their union there was strength.

It is true, that the enlightened popular sentiment then prevalent, in relation to the character and claims of the science of rational medicine, had not been sophisticated by the modern axiom that "ignorance is the parent of skill," as well as of devotion. In the days of our fathers, even the masses, unenlightened to appreciate the importance and necessity of universal education, nevertheless regarded learning as indispensable in all who assumed to investigate or remove the disorders of so complicated a machine as the human body. They expected their clergymen, their lawyers, and their physicians, to be educated men; and hence republicans, though they were of the olden school, revered the aristocracy of learning in the liberal professions, while repudiating that of rank or titled dignities.

Hence it was, that by common consent, physicians were then venerated not merely as learned men, but as public benefactors, because their learning was consecrated to the common weal. While quackery in every form was regarded as fatal to the character of all who shared its spoils, and they were viewed only as a moral fungus upon the body politic, with whom contact or intercourse was pollution and death. The line of demarcation which separated them from the profession was so broad and deep, that it might be said truly that there was a "great gulf fixed" between physicians and quacks, recognized and approved by the entire community.

R.

[To be concluded next week.]

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 18, 1846.

Operations without Pain.—In the leading article of this day's Journal, by Dr. H. J. Bigelow, the profession will notice that an impression exists here in Boston, that a remarkable discovery has been made. Unlike the farce and trickery of mesmerism, this is based on scientific principles, and is solely in the hands of gentlemen of high professional attainments, who make no secret of the matter or manner. To prevent it from being abused and falling into the power of low, evil-minded, irresponsible persons, we are informed that the discoverer has secured a patent, and that means were taken to have the same security in Europe even before publicity was given to it here. Without further remarks, we cheerfully publish all that has been given us on the subject, and wait with impatience for the decision of the profession in regard to its real value.

Fusible Gold for filling Teeth.—A history of the thousand abortive attempts for filling decayed teeth with other substances than gold, need not be repeated; it is sufficient to say, that the various amalgams of mercury, under the deceptive names of lithodeons, &c., have been found worse than nothing, and are wholly discarded by all responsible, well-educated dentists. Dr. Smiley, of Boston, believes that he has finally succeeded in preparing gold, sixteen carats fine, for filling teeth, in a melted state, in an unexceptionable manner. It is fusible at an exceedingly low temperature, and therefore readily managed, and if it proves as serviceable as the discoverer anticipates, will produce a marked revolution in this essential branch of operative surgery.

Hydropathy in Parturition.—One of the very last insane things upon the all-curing properties of water, scientifically prescribed, is a note in the Water-cure Journal, from one Mrs. Emily Hotchkiss, who, under her own signature, bears the most over-doing testimony in favor of being well drenched, when under peculiar circumstances. She seems to be proud of already being the mother of six children. She says, "I have for four years practised bathing more or less, and adopted the Graham system of living," &c. And, further, the good woman has evidently set her face against the medical profession in a passion, unless they consent to engage in the water works at once. "Hear—hear," as they say in parliament. "It is really astonishing to see people paying large sums of money to physicians, and expecting pity and sympathy for being sick so much, when they could by small expense and so simple means as the water-cure, become so much more benefited."

Pharmaceutic Poetry.—Of all the manipulations in pharmacy, the construction of a poem, out of cathartic drugs, must have been the most

difficult. However, genius, such as occasionally buds, blossoms and bears literary fruit the same day, sometimes bursts out through granite skulls in New England, surprising even those who acknowledge that some kinds of talent are explosive. Fortunately, no one was ever materially injured by the bursting of a poetical shell: after repeated experiments, they have been ascertained to be much less dangerous than steam boilers or sub-marine torpedoes.

Some anonymous correspondent, with a view of either amusing or alarming us, sent quite an assortment of pseudo-medical intelligence last week, principally relating to Dr. Beach, who is about delivering a course of lectures at Pittsburg, Penn., on the reformed practice, &c., together with the title-page of "The Family Physician," in nine parts, by the same gentleman; also a schedule of the anatomical museum, owned by him and now open for visitation in New York, at 25 cents a visit—to which ladies, exclusively, are admitted on Wednesdays. But the queerest part of the enclosure is a poem, on calomel, set to music, says the type, by the Hutchinson family, and dedicated to Dr. Beach. Unless he has less intelligence than we have always supposed (if finding ignoramuses enough to buy an edition of "The Family Physician" is indicative of intelligence), he would much rather take a dose of the excommunicated sub-murias hydrargyri, even if it did prick his gums, than the ten verses alluded to, which would make any modest man sick at heart. We of the regular army have it as follows:—

"Howe'er their patients may complain
Of heart, or lungs, or nerve, or brain,
All their diseases to expel—
The remedy is calomel."

The Medical Schools in New York.—We learn from New York, that the two medical universities in that city have commenced their respective sessions under very favorable auspices. The reputation of Dr. Mott is itself a tower of strength for the school with which he is connected; while the high character so long sustained by the College of Physicians and Surgeons will doubtless perpetuate their success in securing a good class. There would seem to be no falling off in the number of students who are pursuing medicine as a profession, judging by the hundreds who have flocked to New York thus early in the season.

New York Correspondence.

Hydropathy.—The new mode of treating diseases by dispensing with the use of all drugs, and substituting therefor the general and local application of water at various degrees of temperature, has now been formally introduced to the American public, and establishments for applying the water-cure have been opened in various parts of the country, some of them upon a large scale, and attracting various degrees of patronage. In New York, a Doctor Shew, and the famous lecturer to females on anatomy, &c., Mrs. Gove, are the only two who have yet announced themselves as devoted to this practice, though Dr. Trall, editor of the New York Organ, our city temperance paper, has deservedly more reputation than either of them in the water-cure, which he has adopted without aiming at

much celebrity. There are, however, a number of our physicians who look upon hydropathy as a useful auxiliary in the treatment of certain chronic diseases, but yet do not prescribe it indiscriminately, or rely upon it exclusively. They may perhaps rather be said to encourage the water-cure, and look upon some of the new methods of applying it with favor, than to be strictly hydropathists. Two cases of disease, thus treated, have fallen under my observation recently, which I will briefly describe for the benefit of such of our readers as may take an interest in the subject.

The first case was that of a man 40 years of age, leuco-phlegmatic in his habit, a confirmed dyspeptic, whose hepatic derangement, of long standing, had subjected him to periodical jaundice, with hemorrhoids, and occasional febrile assaults, until a few months since, when pulmonary irritation ensued, with cough, pain in the chest, and morbid respiration, which threatened to prostrate him by its severity. He had long been a Grahamite, and lived very abstemiously, by which means, together with his indigestion, he was greatly emaciated, but was nevertheless very active in his business pursuits. Not finding relief in medication, to which he had great aversion, and only fitfully employed it, he submitted himself to hydropathic treatment. Every morning he wrapped his entire body, except his head, in a wet sheet, wrung out of cold water, winding it next his skin very tightly. He then placed himself between two feather beds, where he remained, as instructed, three hours and a half, all this time drenched with perspiration, which came on in a few minutes after lying down, and lasted without intermission. He then rose quickly, and unwrapping himself from the smoking sheet, he instantly took a cold shower bath, and then wiped himself dry, rubbing the skin well with a coarse towel. When I last saw him, he had persevered in this course for weeks, and as he thought with positive benefit. His strength and digestive powers had sensibly improved, his cough had subsided, his piles were gone, and his bowels regular without medicine. The jaundiced color of the skin remained, however, with but little change, and he was advised to take blue pills nightly, and discontinue the wet sheet for a few days. Since then he has continued to improve, though for a few weeks he has not been seen by me, not being a resident of the city. Should he entirely recover, this case will be claimed as a triumph by the new sect. The only practical inference I would deduce from it, however, is that the tonic effect of the cold shower bath is much more to be relied on than is generally supposed. It proves, too, that in such a case, the cold sheet and two feather beds may be safely employed in this way for sudorific purposes, if there be no local congestions forbidding the experiment.

The second case occurred in the family of one of our physicians, whose wife was confined last March, during an attack of bilious remittent fever of some days' continuance, giving birth to an infant which was sickly, and soon after attacked with intestinal irritation, ending in dysentery and accompanied with convulsions. For three months the little sufferer continued to emaciate, with constant bowel complaint, and repeated spasmodic affections, while the characteristic symptoms of *tabes mesenterica* by enlarged abdomen and hectic fever, with other strumous indications, left but little hope. The child lingered, however, until July, when it was three months old, though deprived of the breast and taking scarcely

any nourishment, so that it had not at all increased in weight from its birth. At this period, after a number of medical friends had with the father despaired of its recovery, the usual remedies having been employed without any improvement, Dr. H. D. Shepherd, of this city, proposed to test the efficacy of hydrophathy in the case, modifying its use to adapt it to so young a subject, and watching its effects. Accordingly a cloth, wrung out of cold water, was wrapped around the child's body, and this covered by a dry one, when it was laid between flannel blankets for an hour. The child had been in fits, and screaming with pain, but soon after the application was in a quiet sleep, and perspired very freely. During the first two days, this course was repeated several times during the day, always wiping the body when removed from the blankets with a towel wet with cold water, and then a dry one. The subsidence of the convulsions and the retirement of the most formidable symptoms encouraged a continuance of the remedy, which was then repeated regularly three times a day. Soon after the skin became covered with boils, most of which suppurated, and more than sixty of which required to be opened with a lancet, the pus being of the ordinary appearance attending phlegmonoid inflammation. The improvement in the alvine evacuations was now marked, and a disposition to take nourishment was apparent, so that a quart of new milk with half a pint of cream was taken daily, largely diluted with water, and with manifest advantage. The boils continued to appear at intervals for weeks all over the body, until one hundred and twenty were counted, many of which required poultices, and discharged copiously. In fact, the wet sheet became a universal poultice, for the heat of the skin was such, for many days, that though the cloth was wrung out of ice water, it was soon warm and smoking with the perspiration which quickly followed its application, and emitting a fetid odor.

It was at this period I saw the child for the first time, covered with boils, even upon the scalp, and treated still by the wet sheet, &c., three times a day. I have lately been invited to see it again, and have obtained the history here given from the father, Dr. Oatman, and his associate, Dr. Shepherd. The child has entirely recovered, so far as I could judge by its appearance, and is gaining a pound in flesh every week. The grateful parents have not yet discontinued the wet sheet, applying it every night, and believe it to be still useful as a tonic. I learn that no other treatment has been used meanwhile, except a simple laxative occasionally.

Whether a cold shower bath, every day, would have been equally successful in this case, your readers may decide with the facts before them, and which are certainly worthy of consideration. I submit them without comment.

R.

TO CORRESPONDENTS.—Another letter from Paris, by Dr. Fisher, Galen's review of Miss Beecher on the Water-Cure, and a letter from Dr. Holt, have been received. We are also promised the opening Address of President Everett and the Introductory Lecture of Dr. Hayward at the new Medical College. The publication of some of these must be deferred a week or two, on account of the present crowded state of our pages. Much matter, prepared for to-day, has also been excluded.

Report of Deaths in Boston—for the week ending Nov. 14, 48.—Males, 18—females, 30—Stillborn, 3. Of consumption, 8—old age, 2—debility, 2—apoplexy, 1—infantile, 6—inflammation of the lungs, 3—lung fever, 6—scarlet fever, 2—marasmus, 3—canker, 1—disease of the bowels, 1—croup, 2—abscess, 1—jaundice, 3—dropsy in the brain, 1—dropsy, 1—suicide, 1—paralysis, 1—dysentery, 1—teething, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 3.

Effects of Galvanism on the Heart.—Prof. Mayer, of Bonn, recently gave an account of his researches, at the Scientific Congress of Italy, and, among other things, mentioned the effects of galvanic currents on the motions of the heart. They will actually arrest the pulsations for a time—the normal action being restored when the galvanic influence is withdrawn. He supposed that neither paralysis nor spasm ensued, but a mechanical effect was produced—a kind of tumefaction of the organ.

Composition of Patent Medicines to be exposed.—A law of the State of Maine requires that all patent medicines, sold in that State, shall have a label attached to each bottle, box, &c., describing the ingredients of which the contents are composed, and the proportion of each. This will make bad work with the sarsaparilla, especially that which is made up of sugar, water, liquorice and boiled molasses.

Sulphuric Acid in Aphthæ.—Prof. Lippich, of Padua, employs, with success, the sulphuric acid against aphthæ, and in syphilitic mercurial stomatitis, when the mucous membrane of the mouth and lips are covered with ulcerations which render deglutition difficult. He uses the following formula:—R. White honey, 30 grammes; sulphuric acid, 2 grammes. Mix, and make a liniment. In grave cases the proportion of the sulphuric acid may be increased to eight grammes to the same quantity of honey. The ulcerated surfaces are to be frequently touched slightly with this liniment by means of a soft pencil.—*Gazette Medicale.*

Medical Miscellany.—The first dentist in the United States, according to the Dental Mirror, was a Frenchman by the name of Le Mair, who came here with the French army. Next, one Whitlock arrived from England, devoted to the same pursuit.—Dr. Asbaugh has been giving lectures on phrenology, at Augusta, Ky.—Dr. Jackson, of Rockaway, N. J., who entered a crowd, during the late election in that State, to assist a man who had been injured in a mob, under the impression that he was a constable was severely beaten before he could escape.—The Marine Hospital, at Key West, was unroofed in the late gale.—At Camargo, where there are about 3000 volunteers, 1000 are represented to be in the hospital. Between that city and the Rio Grande, it is said that 1500 men, besides, are down with sickness; and 800 more at Matamoras. The Illinois brigade had 200 on the sick list.—The news by the steamer Cambria fully justifies the opinion, heretofore expressed, that the cholera is steadily advancing toward Europe, devastating and almost depopulating every country through which it passes.—Dr. Scudder stated at a missionary meeting in New York, last week, that the American Board know of no physician, at present, who is willing to go to the East in a missionary capacity.—A disease something like cholera has shown itself in Belgium, exciting much consternation.—Dr. Geo. H. Kingsbury gives notice of his intention to open a hydropathic establishment in Sunderland.—Dr. Stephen J. W. Tabor has left the Northampton Democrat, to resume the practice of medicine.—A new journal, devoted to dentistry, is proposed in Boston—to be forthcoming.—From the Granite Freeman we learn that a disgraceful fight took place, on Sunday noon last, between the Freshmen and medical students of Dartmouth College. It took place as they were leaving the church.